

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026575

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 1879 STATE FILE NUMBER

FILED JUL 1 1963

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo. La.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kirkwood</u>		c. CITY OR TOWN <u>New Orleans</u>	
Length of stay in 1b <u>3 days</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>2433 Palmer Ave.</u>	
3. NAME OF DECEASED (Type or print) First <u>BETH</u> Middle <u>H.</u> Last <u>BENTON</u>		4. DATE OF DEATH Month <u>June</u> Day <u>11</u> , Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6/6/88</u>
9. AGE (last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Secretary</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Lion Oil Co.</u>		11. BIRTHPLACE (City and state or country) <u>Topeka, Kans.</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Edward Hollies</u>	
13b. MOTHER'S MAIDEN NAME <u>Laura Burris</u>		14. NAME OF HUSBAND OR WIFE <u>William Benton, Dec'd.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>No</u>		16. SOCIAL SECURITY NO. <u>17. INFORMANT</u> <u>Mrs. Laura B. Free, 1511 Lark, Kirkwood, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive heart failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Severe anemia (blood loss) and anemia</u> DUE TO (c) <u>Carcinoma of uterus, cervix</u>			INTERVAL BETWEEN ONSET AND DEATH <u>was</u> <u>was</u> <u>was</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>3 a.m.</u> Month, Day, Year <u>June 10, 1963</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Topeka, Kans.</u>	
21. I attended the deceased from <u>June 10, 1963</u> to <u>June 10, 1963</u> and last saw her alive on <u>June 10, 1963</u> Death occurred at <u>about 3 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J. Logan Nelson MD</u> (Degree or title)		22b. ADDRESS <u>135 W. Adams - Kirkwood 22 Mo.</u>	
22c. DATE SIGNED <u>June 11, 1963</u>		22d. LOCATION (City, town, or county) (State) <u>Topeka, Kans.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>6/13/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Rochester Cemetery</u>	
24. FUNERAL DIRECTOR <u>Bopp Chapel, Kirkwood, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>6-11-63</u>	
26. REGISTRAR'S SIGNATURE <u>John C. Murphy MD.</u>			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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26. REGISTRAR'S SIGNATURE <u>John C. Murphy MD.</u>			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Francis J. Highland Jr.

Licensed Embalmer No.

4512

P. O. Address

Richmond Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.